

<b>Case Number:</b>	CM14-0192841		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/06/2004
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male with an original date of injury of April 6, 2004. The injured worker has chronic veracity spine pain, chronic low back pain, cervicalgia, cervical radiculopathy, lumbar degenerative disc disease, and lumbar herniated discs. The patient has had treatment with physical therapy, cervical spine surgery including foraminotomies, cervical radiofrequency ablation, and pain medications. The issues under dispute are request for Gabapentin and urine drug testing. A utilization review determination has denied these requests. According to the reviewer, the submitted records indicate that the patient has performed a urine drug screen to in the previous one year. The reviewer felt there was no basis to screen "beyond the yearly screenings that the guidelines recommend." The Gabapentin was denied because there was a certification for this medication from September 24, 2014 to September 24, 2015. Therefore any additional Gabapentin was not felt to be warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a urine toxicology test, the CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 4/22/14, 5/22/14, and 9/11/14. There is documentation that the patient is on controlled substances of Norco and Xanax. Therefore, screening of urine is needed, but there is no risk stratification to determine the appropriate interval. If a patient is deemed low risk, the Official Disability Guidelines state that 1-2 times per year is appropriate. Due to the lack of opioid risk stratification, preferably by a tool such as the ORT or SOAPP, the currently requested urine toxicology test is not medically necessary.

**1 prescription for Gabapentin 300 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding the request for Gabapentin (Neurontin), the Chronic Pain Medical Treatment Guidelines state that antiepileptic drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The injured worker in this case has documentation of cervical radiculopathy, a form of neuropathic pain for which Gabapentin is appropriate. According to the utilization review determination on date 10/18/14, the Gabapentin actually has been certified from 9/24/14 to 9/24/15. Therefore, the patient should be allowed to continue filling this prescription. This new, additional request is not medically necessary.